

Enclosure 9

Emergency Medical Technician – Instructor Re-Authorization Application

Instructor's Name: _____

Mailing Address: _____

City / State / Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail : _____

Section One: Attached is a copy of all the following required documents:

- ❖ A copy of my current CPR instructor credential (*Must be one of the following*):
 - AHA: Healthcare Provider
 - ARC: Professional Rescuer
 - ASHI: CPR Pro
- ❖ A copy of my current SC EMT Paramedic Certification
- ❖ A copy of my current NR EMT Paramedic Credential
- ❖ Documentation of 12 contact hours of SC DHEC-approved Instructor Methodology Classes during your last authorization period
- ❖ Documentation of teaching a minimum of one full initial EMT course or two refresher EMT courses (*Attach a copy (copies) of the course approval letter(s) which list you as the course instructor*) during your current authorization period

Please Note: "Current" means that the expiration of these credentials **exceeds** your current SC EMT instructor expiration date.

Section Two: EMT Program Coordinator Endorsement

I endorse this individual to be re-certified as an EMT Instructor. In doing so, I agree to use this individual as an EMT instructor in my training institution's EMT program and will require this individual to teach a minimum of one full initial EMT course or a minimum of two EMT refresher course during this next authorization period.

EMT Program Coordinator's Signature: _____